

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 002 ***158.75

DOCUMENT # P0000079182
 1. Entity Name
HALLIDAY CHILDREN'S CORP.



40006049



Principal Place of Business: 10097 CLEARLY BLVD, SUITE NUMBER 277, PLANTATION, FL 33323
 Mailing Address: 10097 CLEARLY BLVD, SUITE NUMBER 277, PLANTATION, FL 33323

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1034394
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALLIDAY, ROBERT
10097 CLEARLY BLVD.
#277
FORT LAUDERDALE, FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: HALLIDAY, ROBERT III STREET ADDRESS: 10097 CLEARLY BLVD #277 CITY-ST-ZIP: PLANTATION, FL 33323	<input type="checkbox"/> Delete
TITLE: VP NAME: HALLIDAY, WILLIAM STREET ADDRESS: 10097 CLEARLY BLVD #277 CITY-ST-ZIP: PLANTATION, FL 33323	<input type="checkbox"/> Delete
TITLE: S NAME: HALLIDAY, ROBERT IV STREET ADDRESS: 10097 CLEARLY BLVD #277 CITY-ST-ZIP: FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/20/2005
 Daytime Phone #: 954 972 5800